

# SO WE DON'T GO FOR 'THE BIG (TYPE) "O" ' - SO WHAT?

(with no disrespect to Roy Orbison)

There remains some predictable and, perhaps, understandable disquiet about the need for a Chiropractors' and Osteopaths' Musculoskeletal Interest Group (a "COMSIG"). This concern is held mainly by those members of the chiropractic profession who hold strongly to the view that chiropractic intervention can offer much more than musculoskeletal care, in its narrowest interpretation, to many people - whether they are ailing or not.

Many of these 'stalwarts', these 'defenders of the faith', are highly respected and valued friends of various members of the COMSIG committee. The impression gained, however, is that COMSIG is thought to be watering down the strength and potential of chiropractic - of wanting to limit the profession to the treatment of strictly musculoskeletal disorders.

Some commentary is due.

Within the Australian medical community is the Australian Association for Musculoskeletal Medicine (AAMM). It is understood that AAMM has not suffered suspicion or accusation of abandoning all the tenets of medicine which may relate to the treatment of organic or visceral disorders. AAMM is simply a 'special interest group' with an appetite to learn more of musculoskeletal health care matters.

Likewise, medical practitioners who may choose to practice orthopaedics, obstetrics, acupuncture or psychiatry should not be accused of abandoning mainstream medicine, clearly they are not.

Professions, industries, commercial organisations, educational institutions, churches, governments - all forms of life, are replete with examples of groups within groups. With the possible exception of religious organisations, in any group there is always room for diverse 'opinion' - in fact, many organisations actually encourage such diversity. It may have changed since, but in my school days we learned that the national motto of Indonesia was, at that stage, "Unity in Diversity". Perhaps respecting each others differences is something we might consider aiming for?

Whether or not anyone associated with COMSIG, a member or an executive officer, denies the potential for chiropractic care to affect 'general health' is a moot point. I don't know. It does not, or should not, particularly concern anyone what another's personal views may be. If chiropractic tenets were properly explained to any group of reasonable persons then some would most likely accept the hypothesis that

chiropractic care may deliver benefits beyond those which would normally be considered to fall within a strictly musculoskeletal domain, whilst others within the group may choose to reject the hypothesis.

Surely you can't hang anyone for choosing to reject a proposal which still, at best, remains nothing more than a hypothesis

It may be dated but, in my view, the 1979 New Zealand Commission of Inquiry said it exceedingly well:

"In a limited number of cases where there are organic and/or visceral symptoms, chiropractic treatment may provide relief, but this is unpredictable, and in such cases the patient should be under concurrent medical care if that is practicable." (1)

The COMSIG policy reads:

"Chiropractors and Osteopaths should not encourage patients with type O disorders to resort to spinal manipulative therapy (SMT) in the hope of securing relief from that disorder unless the patient has exhausted (or is under concurrent) medical care. It is highly recommended that the patient suffering with a type O disorder should be medically monitored on a regular basis." (2)

It could be gleaned from this that the COMSIG view may vary somewhat from the 'stalwarts', and it does.

There appears to be an abundance of good evidence in 1994 to support the contention that spinal manipulative therapy as delivered by chiropractors and osteopaths is most effective in the treatment of low back pain (3)(4). We are almost at the stage of broad recognition as the experts in conservative management of mechanical spinal and spine related disorders.

With the exception of anecdotes and hearsay there is little or no good evidence in the mainstream biological literature of the world which would support the view that spinal manipulative therapy is much good for anything other than mechanical spinal and spine related disorders.

It behoves us, as a professional group, to promote ourselves upon that which we are shown to be most effective at doing or achieving. This does NOT deny that "in a limited number of cases" visceral or organic disorders may respond favourably to spinal manual treatment methods.

Just imagine that Liberace also played the guitar, but not at a consistently good standard; he could never

make money from it. His 'forte' was the piano. This is what he excelled in; this is what he is remembered for; this was his contribution. He would have been of questionable mind, as an established world class pianist, if he had attempted to 'sell himself' as a guitarist.

Imagine that Dolly Parton also writes poetry. If it was good we would know of it by now, but we don't. Dolly Parton is recognised around the world as one who has reached the pinnacle of success as a Country and Western singer and entertainer. Her poetry is never heard of because it is rather ordinary. Her singing and her form are her trademark, her success, her contribution. Like Liberace, she and her marketers would be of unsound mind to try to 'sell her' on the basis of her poetry.

My own introduction to chiropractic resulted in a spectacular improvement in what had been diagnosed as a long standing cardio-respiratory condition. Does it follow that the cardiologists should be thrown out of the coronary care wards and be replaced with chiropractors? I should say not. It would create a catastrophe. My very favourable response was unpredictable and cannot be extrapolated to read that all cardiac patients need a chiropractor.

This represents one of the dangers of relying at all upon anecdotal evidence. That is, that some of our professional kin may wish to grab an anecdote like mine, never let go of it and attempt to translate it to affect the entire population. Again, catastrophe! Another problem with anecdotal evidence is that too often it provides rather splendid ammunition to our professions detractors. Anecdotes and hearsay are not a suitable foundation for the future growth of any profession.

Whether we like it or not, the scientific method is the only foundation for our future success. Success only comes from an obsession with quality and at this point in history, quality is not measured by what is delivered but by the result. "Outcomes measures" and "Total Quality Management" ("TQM") have become the catch phrases of effective business, education, industry and government in the first half of the last decade of the twentieth century.

Our 'outcomes measures' relating to the treatment of spine and spine related disorders are praiseworthy thus far. Our 'outcomes measures' for everything else do not exist.

On the matter of organic/visceral disorders it is time for the chiropractic profession to demonstrate efficacy through appropriate scientific studies or to simply bury that part of our inheritance. If the profession cannot

abandon the panacea mentality then our research organisations, like ASRF and FCER, should feel committed to plunge all available funds into researching outcomes of chiropractic treatment for visceral disorders so that quantifiable measures will become available to either support or deny acceptable clinical outcomes which, to date, have been related only in anecdotes, hearsay and, perhaps, a small handful of non-repeatable case studies.

At COMSIG we do not deny that an occasional spectacular result may be recorded with visceral disease or dysfunction. However, until some quality research is available to support a chiropractic role in the treatment of visceral disorders it is prudent, we believe, to 'sell ourselves' on the basis of what we do best.

No-one knows where the professions will be in a hundred years time. I figure that if our place in attending to disorders other than musculoskeletal is not scientifically established, then the remaining stalwarts will be singing 'Only the Lonely'. Sorry 'bout that Roy.

- (1) Chiropractic in New Zealand. Report of the Commission of Inquiry. P. D. Hasselberg, Government Printer, Wellington, NZ. 1979. p3.
- (2) COMSIG Policy on the use of spinal manipulative therapy for organic or visceral disorders. COMSIG Review. July 1992. 2(2): 31
- (3) Anderson R., Meeker WC., Wirrick BE., Mootz RD., Kirk DH., Adams A. A Meta-Analysis of Clinical Trials of Spinal Manipulation. J Manipulative Physio Ther. 1992; 15(3): 181-194
- (4) Meade TW., Dyer S., Browne W., Townsend J., Frank AO. Low Back Pain of Mechanical Origin: Randomised comparison of chiropractic and hospital outpatient treatment. Brit Med J. 1990; 1900:300: 1431-7

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